## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/14/2011 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  DEVELOPMENTAL SERVICES INC  (PART)  (PAR	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION  6 01	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLER  DEVELOPMENTAL SERVICES INC  IMPERIAL MANAGEMENTAL MATERIAL PROPERTIES AND PROVIDERS PLANT CORRECTIONS  INTIAL COMMENTAL MATERIAL PROPERTIES AND PROVIDERS PLANT CORRECTIONS  RECOLLATORY OR ISC IDENTIFYING INFORMATION)  INITIAL COMMENTS  (K 000) INITIAL COMMENTS  Reper compliance to the Life Safety Code Reconflication and State Licensure Survey conducted on 10/07/11 was completed on 11/14/11.  Review Date: 11/14/11  Facility Number: 001214 Provider Number: 156639 AIM Number: 100234330  Surveyor: Dennis Austill, Life Safety Code Supervisor,  Developmental Services Inc. was found in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483-4709, Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.						v VI	R	
DEVELOPMENTAL SERVICES INC  (X4) ID SUMMARY STATEMENT OF DEFICIENCES I PREFIX I PROPERTY ROLL PROPERTY ROLL PROPERTY ROLL PROPERTY ROLL PROPERTY ACTION SHOULD BE CHOSE-SERVED BY FULL TAG CHOSE-SERVED TO THE APPROPRIATE CHOSE-SERVED BY FULL PROPERTY ROLL OF THE APPROPRIATE CHOSE-SERVED TO THE APPROPRIATE CHOSE-SERVED STATE OF THE APPROPRIATE CHOSE-SERVED TO THE APPROPRIATE CHOSE-S			15G639				11/1	4/2011
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)    REGULATORY OR LSC IDENTIFYING INFORMATION					426 E MONTGOMERY RD.			
Paper compliance to the Life Safety Code Recertification and State Licensure Survey conducted on 10/07/11 was completed on 11/14/11.  Review Date: 11/14/11  Facility Number: 001214 Provider Number: 15G639 AIM Number: 100234330  Surveyor: Dennis Austill, Life Safety Code Supervisor,  Developmental Services Inc. was found in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREF	PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE AI		ILD BE	COMPLETION
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ADODATODY DIDECTORIS ON PROVIDED/SUPPLIED DEPOSESTATIVE'S SIGNATURE.		Provider Number: 15 AIM Number: 10023 Surveyor: Dennis Aus Supervisor,  Developmental Servicompliance with Requestion Fire and the 200 Fire Protection Assoc Safety Code (LSC), 0	still, Life Safety Code  ces Inc. was found in uirements for Participation in ubpart 483.470(j), Life Safety 0 Edition of the National ciation (NFPA) 101, Life Chapter 33, Existing					
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.